STUDENT SHADOWER AFFILIATE APPLICATION

INSTRUCTIONS: Completed applications should be delivered to your MAHEC Affiliate Supervisor.

AFFILIATE ROLE

CURRENT EMPLOYER / SCHOOL / ORGANIZATION (IF ANY) DATE OF APPLICATION

CONTACT INFORMATION

LEGAL NAME (FIRST) (MIDDLE) (LAST)

PREFERRED NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP

TELEPHONE NUMBER E-MAIL ADDRESS

AFFILIATE QUESTIONNAIRE

1. **IF YOU ARE UNDER THE AGE OF 18, CAN YOU FURNISH PARENTAL CONSENT?** **YES N/A NO**
2. **HAVE YOU EVER BEEN EMPLOYED BY OR AFFILIATED WITH MAHEC?** **YES NO**
   A. PRIOR DATES ____
3. **DO YOU HAVE ANY RELATIVES (BY BLOOD OR MARRIAGE) OR SIGNIFICANT PERSONAL RELATIONSHIPS WITH ANY CURRENT MAHEC EMPLOYEE?** **YES NO**
   A. NAME ____________________________ RELATIONSHIP ________________
   B. NAME ____________________________ RELATIONSHIP ________________

EDUCATION

	SCHOOL	CITY / STATE	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE / CERTIFICATE
HIGH SCHOOL / GED:					
ASSOCIATES:					
COLLEGE:					
GRADUATE:					
OTHER:					

LICENSES/CERTIFICATIONS

	LICENSE NUMBER	STATE	ISSUE DATE	EXPIRATION DATE
TYPE:				
TYPE:				
TYPE:				

EMERGENCY CONTACTS

	RELATIONSHIP	PHONE NUMBER
1.		
2.		
3.		

APPLICANT STATEMENT

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for affiliation as may be necessary in arriving at a decision to establish an affiliate relationship.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any affiliate relationship with this organization is of an “at will” nature, which means that the affiliate may end the relationship at any time and the organization may sever the relationship at any time with or without cause.
- It is further understood that this “at will” affiliate relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President / CEO of this organization.
- I understand that false or misleading information given in my application or interview(s) may result in separation of affiliate relationship.
- I understand that I am required to abide by all rules and regulations of the organization.

APPLICANT SIGNATURE ______________________ DATE ______________________

PARENTAL CONSENT (IF UNDER THE AGE OF 18) ______________________ DATE ______________________

AFFILIATE CONFIDENTIALITY STATEMENT

AFFILIATE INFORMATION

LEGAL NAME (FIRST) (MIDDLE) (LAST)

CURRENT EMPLOYER / SCHOOL / ORGANIZATION (IF ANY)

HOSTING MAHEC DIVISON / DEPARTMENT

CONFIDENTIALITY ACKNOWLEDGEMENT

By signing this form,

I understand that all patient information is the same as Protected Health Information (PHI) and includes, but is not limited to:

- Any information that is protected under state or federal law, including all medical, dental, and personal information concerning MAHEC patients;
- Information regarding the provision of services or submissions of claims;
- Any document containing a patient's name or identification number;
- Any information that identifies an individual and relates to past, present or future physical, dental, or mental health condition or care;
- Information about billing or payment of health care services for an individual;
- Information about eligibility or enrollment of an individual for services.

I agree to hold PHI in the strictest confidence and to not disclose or use PHI except as necessary to perform my approved assignment at MAHEC.

- I will only access PHI for which I have a legitimate business and/or clinical need to know;
- I shall only discuss PHI with or disclose to persons outside the specific medical or dental office where I am assigned only if the disclosure is consistent with MAHEC's Notice of Privacy Practices and HIPAA Privacy and Security Policies and Procedures;
- I shall only discuss PHI with or disclose to persons inside the medical or dental office where I am assigned for the purpose of treatment, billing and MAHEC operations consistent with MAHEC's Notice of Privacy Practices and HIPAA Privacy and Security Policies and Procedures. Discussions shall not be held in areas where unauthorized persons can overhear the conversation.

I agree that I will not access my own and/or family members PHI, which includes, but is not limited to: accessing the records through the EHR, dental record, and billing information.

I agree to hold employee information (i.e. salary, insurance, home phone, cell, home address/email, date of birth, social security number, etc.), customer information and any Affiliate information in which I am privy in the strictest confidence and to only use or disclose such information in accordance with MAHEC's Policies and Procedures and as authorized as part of my Affiliate assignment at MAHEC.

I may have access to Medicare/Medicaid customer and claims information which is subject to the provisions of the Freedom of Information Act. I agree to use this information only in connection with the determination of eligibility and payments of Medicare/Medicaid and not to misuse or disclose this information to unauthorized persons. If I do not comply, I may be subject to the criminal penalties in section 1106(a) of the Social Security Act which state that I shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding $10,000 for each occurrence of a violation, or by imprisonment not exceeding five (5) years, or both. I understand that noncompliance is also a violation of the Privacy Act of 1974, as amended and carries a criminal penalty of a misdemeanor and fine of not more than $5,000.

I understand and acknowledge that failure to comply with the obligations contained in this Confidentiality Statement will result in action, including but not limited to notification to my school / employer / organization (if applicable) and immediate termination of my Affiliate assignment with MAHEC. I further agree that the obligations contained in this Confidentiality Agreement will continue after I complete my assignment. I have read this statement and agree to its requirements.

AFFILIATE SIGNATURE

DATE

PARENTAL CONSENT (IF UNDER THE AGE OF 18)

DATE

FORM REVISED: 03/2022

AFFILIATE CORPORATE COMPLIANCE ACCOUNTABILITY FORM

NON-EMPLOYEES: Students, Partners, Out-posted Staff, Volunteers

AFFILIATE INFORMATION

LEGAL NAME (FIRST) (MIDDLE) (LAST)

CURRENT EMPLOYER / SCHOOL / ORGANIZATION (IF ANY)

HOSTING MAHEC DIVISON / DEPARTMENT
(To Be Completed By MAHEC)

CORPORATE COMPLIANCE ACKNOWLEDGEMENT

By signing and initialing this form,

______ I acknowledge that I have been provided information on MAHEC's policies, procedures, rules and regulations including those governing the confidentiality, privacy and security of protected health information under HIPAA and agree to abide by them.

Access the **Compliance Program Policy here.**

______ I acknowledge that I may be exposed to information concerning MAHEC and/or MAHEC staff, employees, agents or patients and shall not disclose or use for my benefit or the benefit of others, or to allow others to do so, any Confidential Information unless authorized in writing by MAHEC and any other person having rights in same.

"Confidential Information" means all information that is not generally known to the public and which MAHEC or other persons (to the extent MAHEC owes a duty of confidence to any such other person) has rights, which information is marked confidential, restricted or proprietary by MAHEC or the party having rights in the same, or which, under all the circumstances, ought reasonably to be treated as confidential and/or proprietary, including without limitation, patient data, patient lists, patient information, staff credentialing and peer review information, business records, marketing materials and financial information.

______ I understand that my privileges can be terminated, for failing to comply with MAHEC's policies, procedures, rules and regulations.

DEFICIT REDUCT ACT AND FALSE CLAIMS POLICY ACKNOWLEDGEMENT

By signing and initialing this form,

______ I acknowledge that I have reviewed MAHEC's policy on the Deficit Reduction & False Claims Act and agree to abide by the policies and procedures outlined.

Access the **Deficit Reduction Act/False Claims Policy here:**

AFFILIATE SIGNATURE DATE

PARENTAL CONSENT (IF UNDER THE AGE OF 18) DATE

CRIMINAL HISTORY SELF-DISCLOSURE

LEGAL NAME (FIRST) ____________ (MIDDLE) ____________ (LAST) ____________

DEPARTMENT ____________ POSITION ____________ (Specify 'AFFILIATE ONLY' for non-employed relationship)

INSTRUCTIONS: This form supplements the Acknowledgement and Authorization Regarding Background Investigation Form.

SELF-DISCLOSURE

1. **Have you ever been convicted of an offense against the law?** **YES** **NO**
   i. It is important to disclose all convictions that have not been completely expunged.
      a. This includes any instances where a plea of Nolo Contendre, (No Contest) or Prayer for Judgement was entered.
   ii. Answer YES even if the conviction(s) were related to a minor traffic violation.
   iii. Formally expunged convictions should be excluded from this self-disclosure.
   iv. Failure to report a conviction will result in an adverse decision on employment or affiliate status if it is determined that the self-disclosure was not accurate and true.
2. **Have you ever been convicted of a health care crime?** **YES** **NO**
   i. Federal regulations may prevent MAHEC from employing or affiliating with an individual who 1) has been convicted of a criminal offense related to health care, 2) who is debarred by the General Services Administration, or 3) is excluded or otherwise ineligible for participation in Federal Health Care Programs.
   ii. All individuals offered employment or affiliate status may be pre-screened and continually monitored throughout the duration of employment or affiliate relationship for health care crimes utilizing 1) Office of inspector General List of Excluded Individuals and Entities, 2) the General Services Administration "Debarment List," and, 3) any other background checks performed in accordance with MAHEC procedures and applicable law.
3. **If 'YES' to either of the above, explain the nature of the conviction(s) and include date(s). Specify if the conviction(s) were a felony or a misdemeanor. Attach additional sheets if necessary.**

SELF-DISCLOSURE AFFIRMATION

- I certify that answers given herein are true and complete to the best of my knowledge.
- I understand that investigations of all statements contained in this self-disclosure may be necessary as part of my employment or affiliate status with MAHEC.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, this relationship with MAHEC is "at will."
- I understand that this self-disclosure will become a part of my personnel record, and that false or misleading information provided on this self-disclosure may result in discharge or an adverse decision pertaining to my employment or affiliate status.

SIGNATURE ____________ DATE ____________

Student, Intern, and Affiliate
Compliance, HIPAA, Risk Management, and OSHA Safety Training Attestation

Form must be completed after viewing the PowerPoint located at the bottom of the affiliate webpage. Please visit mahec.net/affiliates to view.

I, ____, attest that I have completed the required
(Student, intern, and or affiliate name)
Compliance, HIPAA, Risk Management, and OSHA Safety training module assigned on
___________________________.
(Training date)
I understand the material contained in the training module and agree to comply with the guidelines outlined therein.

I understand that failure to follow these guidelines can result in immediate termination of any and all MAHEC privileges associated with the student learning experience.

Signature: ____ **Date:** ____________________
(Student, intern, and or affiliate signature)

MAHEC department my learning experience will be with (check all that apply):

- Behavioral Health/ Psychiatry
- Dental
- Family Medicine
- Internal Medicine
- OBGYN
- Pharmacy
- Public Health
- Simulation Center
- Talent Management

Any questions regarding this training and attestation can be referred to the MAHEC Compliance Office at 828-254-4724.